2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # **724802** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name VILLAGES OF WINDMEADOWS CONDOMINIUM ASSOCIATION, 04-11-2000 90045 043 ****61.25 Mailing Address Principal Place of Business 200 WINDMEADOWS 200 WINDMEADOWS ALTAMONTE SPRINGS FL 32701-3500 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3247598 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ellen R. Womack Street Address (P.O. Box Number is Not Acceptable) PRESIDENTIAL GROUPS SOUTH INC. Vista Community Association Mamt 135 W. PINEVIEW STREET 225 S. Westmonte Drive. Suite **ALTAMONTE SPRINGS FL 32714** Altamonte Springs 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Added to Fees Department of State Trust Fund Contribution. FEE IS \$61:25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ★ Addition PD TITLE VD TITLE ☐ Delete NAME NAME HART, ZOET Peg Goldsmith STREET ADDRESS STREET ADDRESS 516 Windmeadows **408 WINDMEADOWS** CITY-ST-ZIP CITY-ST-ZIP 32701 3<u>2701</u> <u> Altamonte springs fl.3/27/44/</u> <u> Altamonte Springs, FL</u> X Addition ☐ Change TITLE Delete TITLE TD SD NAME SKOK, EDWARD NAME Betty L. Birle STREET ADDRESS STREET ADDRESS **474 WINDMEADOWS** 256 Windmeadows Altamonte Springs, CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 X Addition TITLE TITLE **VP** Delete NAME NAME ALEXANDER, GLORIA Jeanette V. Tolson STREET ADDRESS STREET ADDRESS 244 WINDMEADOWS 206 Windmeadows CITY-ST-ZIP CITY-ST-ZIP <u>ALTAMONTE SPRINGS FL</u> Altamonte Springs, FL 32<u>7</u>01 ★ Addition TITLE TITLE DD Delete NAME NAME OIL, DAVID Florence R. Spurlock STREET ADDRESS STREET ADDRESS **376 WINDMEADOWS** 314 Windmeadows CITY-ST-ZIP CITY-ST-ZIP Altamonte Springs, FL 32701 Change <u>ALTAMONTE SPRINGS FL 32701</u> ☐ Addition TITLE SD Delete TITLE NAME NAME WOLTMAN, AUGUST J STREET ADDRESS STREET ADDRESS 300 WINDMEADOWS CITY-ST-7(P CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if